

You have been referred you to Advanced Tele-Genetic Counseling. Genetic counselors are trained specialists who support patients and providers as they navigate genetic counseling and testing. Genetic counselors identify genetic risks. They also explain relevant genetic tests and the implications of genetic tests and the possible results, and provide this information to patients and their healthcare providers.

The genetic counselor utilizes information provided by you and through health information received from your healthcare provider(s) and/or genetic testing results to assess your specific genetic risk. Therefore, it is your responsibility to ensure that information provided to the genetic counselor is accurate. Please have relevant records and test results sent to the genetic counselor prior to your genetic counseling appointment. You are responsible for keeping your appointment. If you need to reschedule or cancel, please inform us at least 24 hours in advance of your schedule appointment. Failure to keep your appointment without such notice will result in your continued responsibility for a \$50 specialty co-payment, regardless of whether or not the appointment is rescheduled.

If you are undergoing initial, or pre-test, counseling, during or following your discussion with the genetic counselor, and after providing your informed consent, you may decide to pursue genetic testing. Often, the genetic counselor will help coordinate the testing for you and instruct you how and when to provide a sample for submission. At times, you may be referred to your health care provider to help implement the test.

Results for most tests will be available in approximately eight days to six weeks, though this varies by individual laboratory and requested test. The genetic counselor will contact you when your results are available to arrange a follow-up appointment and discuss your results. Copies of the genetic testing results and clinic notes will be sent to your referring physician and will be available there, for your records.

As a patient, you have the right to be treated courteously and with respect. You also have the right of privacy for all electronic health records and individually-identifiable health information, as stated in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). At any time, you may request your electronic health record from Advanced Tele-Genetic Counseling. We are here to answer any questions or help with specialized concerns, if need arises.

Charges for genetic counseling and any genetic testing are separate from other medical charges. Advanced Tele-Genetic Counseling will bill your insurance for charges related to the genetic counseling appointment. You are responsible for the remaining balance, including any deductible, co-payment, specialty co-payment or co-insurance. Self-pay rates are also available. Charges for genetic testing are separate from any charges incurred from genetic counseling and are specific to the laboratory performing the genetic testing.

Please sign below to acknowledge that you have reviewed the above information. Your tentative appointment time may not be confirmed as scheduled until we have received this completed form. Thank you.

Patient Name: _____

Patient Signature: _____ **Date:** _____